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FILED

Apr 08 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001013 (1)

1. Corporation Name

PRESBYTERIAN TRANSPORTATION SERVICES, INC.



Principal Place of Business

Mailing Address

601 SUNSET LANE  
LUTZ FL 33549

601 SUNSET LANE  
LUTZ FL 33549

3. Date Incorporated or Qualified

02/25/1994

4. FEI Number

59-3250684

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TETLOW, ALFRED J  
600 MADISON ST.  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME FRISKNEY, ROBERT  
STREET ADDRESS 1903 LAKEVIEW AVE.  
CITY-ST-ZIP SEFFNER FL 33584 ☒ DELETE

1.1 TITLE PD  
1.2 NAME Cannoll, Merle  
1.3 STREET ADDRESS 1008 Hastings Court  
1.4 CITY-ST-ZIP Lutz FL 33549 ☒ Change ☐ Addition

TITLE VD  
NAME CLINE, MARK  
STREET ADDRESS 14623 LAKE MAGDALENE CIRCLE  
CITY-ST-ZIP TAMPA FL 33613 ☐ DELETE

2.1 TITLE VD  
2.2 NAME Moseley, Ed  
2.3 STREET ADDRESS 1825 Kim Acres Lane  
2.4 CITY-ST-ZIP Dover, FL 33527 ☐ Change ☒ Addition

TITLE SD  
NAME CARROLL, MERLE  
STREET ADDRESS 1008 HASTINGS COURT  
CITY-ST-ZIP LUTZ FL 33549 ☐ DELETE

3.1 TITLE SD  
3.2 NAME Miller, Deric  
3.3 STREET ADDRESS 526 North Highview Cir  
3.4 CITY-ST-ZIP Brandon FL 33510 ☐ Change ☒ Addition

TITLE TD  
NAME EURTON, MIKE  
STREET ADDRESS 222 BALL PARK DRIVE  
CITY-ST-ZIP SEFFNER FL 33584 ☒ DELETE

4.1 TITLE TD  
4.2 NAME Cline, Mark  
4.3 STREET ADDRESS 14623 Lake Magdalene Cir  
4.4 CITY-ST-ZIP Tampa FL 33613 ☒ Change ☐ Addition

TITLE D  
NAME MCCOY, RAYMOND  
STREET ADDRESS 2414 KINGSWAY ROAD  
CITY-ST-ZIP SEFFNER FL 33584 ☒ DELETE

5.1 TITLE D  
5.2 NAME Doyle, Wayne  
5.3 STREET ADDRESS 502 Running Horse Road  
5.4 CITY-ST-ZIP Seffner FL 33584 ☐ Change ☒ Addition

TITLE D  
NAME MEARS, TERRY  
STREET ADDRESS 18504 SUNWARD LAKE PLACE  
CITY-ST-ZIP LUTZ FL 33549 ☐ DELETE

6.1 TITLE D  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE:

Mark Cline

Mark Cline

3/31/98

813 209 4252

CR2E037 (10/97)